

MAR 28 2000

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report


**FORM
IC**

IDENTIFICATION AND CERTIFICATION

| | |
|---------------|--|
| Sec. 1 | Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7. |
|---------------|--|

| | | | | |
|--|--|-----------------------------------|-----------------------|---|
| Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7. | | | | |
| A. Last Name Morrissey | | First name Collette | M.I. M. | B. Title Enviro. Compliance |
| | | | | C. Telephone Number <div> <div>8</div><div>1</div><div>7</div><div>3</div><div>7</div><div>9</div> </div> <div>-</div> <div>1</div> <div>0</div> <div>7</div> <div>0</div> <div>Extension</div> <div> <div></div><div></div><div></div><div></div> </div> |

| | |
|----------------|--|
| Sec. IV | "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8. |
|----------------|--|

| | | | |
|--|----------------------|------|---|
| A. Last Name Smith | First name Leslie | M.I. | B. Title Plant Manager |
| C. Signature  | | | D. Date of signature <div> <div>03</div> <div>24</div> <div>00</div> </div> <div> <div>Month</div> <div>Day</div> <div>Year</div> </div> |

BY s. Brutt, TEL-CEL
 ON 10/20/00
 QC'd 8/3 10/23/00

EPA ID NO.

| | |
|---|---|
| Sec. V Generator status. Instructions begin on page 8. | |
| A. 1999 RCRA generator status (CHECK ONE BOX BELOW) | B. Reason for not generating (CHECK ALL THAT APPLY) |
| <input type="checkbox"/> 1 LQG <input checked="" type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B) | <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input checked="" type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW) |

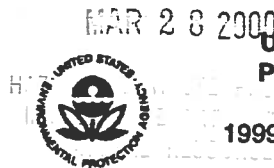
| | | |
|--|--|--|
| Sec. VI | On-site waste management status. Instructions page 10. | |
| A. Storage subject to RCRA permitting requirements | B. Treatment, disposal, or recycling subject to RCRA permitting requirements | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|-----------|--|
| Comments: | No waste treated on-site. All non-hazardous waste shipped off site for disposal. |
|-----------|--|

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CenterLine Industries, Inc.
Rt. 3 Hwy 79 South
Hannibal, MO 63401

EPA ID NO: MO10101510171813124
 MO ID: 004692



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | | |
|---|--|---|--|---------------------------------------|---|--|
| Sec. I | A. Waste description (page 12) Waste Paint from solvent base paint manufacturing. | | | | | |
| B. EPA hazardous waste code (page 12) <u>10101510171813124</u> | | | C. State hazardous waste code (page 13) N/A _____ | | | |
| D. SIC code (page 13) <u>251811</u> | E. Origin code (page 13) System Type <u>1</u> _____ | F. Source code (page 14) <u>A109</u> | G. Point of measurement (p. 14) <u>1</u> | H. Form code (page 14) <u>B209</u> | I. RCRA-radioactive mixed (page 14) <u>2</u> | |

| | | | | | |
|---|--|--|--|--|--|
| Sec. II | A. Quantity generated in 1999 (page 15) <u>101010101215121210</u> | | B. UOM (page 15) Density <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>1</u> | | | ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>1</u> | | |
| N/A Quantity treated, disposed, or recycled on site in 1999 (page 16) _____ | | | N/A Quantity treated, disposed, or recycled on site in 1999 (page 16) _____ | | |

| | | | | | |
|----------|---|---|---|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) <u>AR10198110157181710</u> | C. System type shipped to (p. 17) <u>10161</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) <u>101010101015181310</u> | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) <u>101010101015181310</u> | C. System type shipped to (p. 17) <u>10161</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) <u>001010101913910</u> | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) _____ | C. System type shipped to (p. 17) <u>1</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) _____ | |

Comments: Section 1: F, A32, A38

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CenterLine Industries, Inc.
Rt. 3 Hwy 79 South
Hannibal, MO 63401

EPA ID NO: MO01010514101718131214
 MO ID: 004692



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|--|--|--|---|---------------------------------------|---|
| Sec. I A. Waste description (page 12) Hazardous Waste Liquid impacted w/Chromium & Lead from waterbased paint manufacturing. | | | | | |
| B. EPA hazardous waste code (page 12) <u>101017</u> <u>101018</u> | | | C. State hazardous waste code (page 13) N/A | | |
| D. SIC code (page 13) <u>2581</u> | E. Origin code (page 13) System Type <u>1</u> | F. Source code (page 14) <u>A09</u> | G. Point of measurement (p. 14) <u>1</u> | H. Form code (page 14) <u>B209</u> | I. RCRA-radioactive mixed (page 14) <u>2</u> |

| | | | | |
|--|--|---|--|--|
| Sec. II A. Quantity generated in 1999 (page 15) <u>0010101016141</u> | | B. UOM (page 15) Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE PROCESS SYSTEM 1 N/A | | ON-SITE PROCESS SYSTEM 2 N/A | | |
| On-site process system type (page 16) <u>1</u> | | On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>1</u> | | |

| | | | | |
|---|---|--|---|--|
| Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) <u>AIRID</u> <u>9181</u> <u>10517</u> <u>18710</u> | C. System type shipped to (p. 17) <u>101611</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) <u>0010101016141</u> <u>10</u> |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> | C. System type shipped to (p. 17) <u>1</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> | C. System type shipped to (p. 17) <u>1</u> | D. Off-site availability code (page 17) <u>1</u> | E. Total quantity shipped in 1999 (page 17) <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> |

Comments: Section 1: F, A32, A38